

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0190000	01	CITY OR TOWN CHARLIC	DN
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: CHARL	TON BEAGLE CLUB, INC.		
DOING BUSINESS A CHAR	LTON BEAGLE CLUB		
ADDRESS BOND ROAD			
CITY/TOWN: CHARLTON	STATE: MA	ZIP CODE: 01507	
MANAGER: BROWN, MICHAEL J.	TYPE OF LICENSE: C	lub CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENSE			
		THE BACK 5 ROOMS AND A building, includes handicap bathroom	oms and
2. the licensee has com	will be of the same type for th	e same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY Individu	al, Partner or Authorized Corp	porate Officer	
DATE:			
TE TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signed by the b	uilding inspector and the hea	he certificate required by Chapt ad of the fire department for the urance required by Chapter 116	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0190	000002	CITY OR TOWN CHARLTON
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ARM DOING BUSINESS A MO ADDRESS 6 GILLESPIE		NNICCHERI
CITY/TOWN: CHARLT		ZIP CODE: 01508
MANAGER:	TYPE OF LICENSE:	
EMAIL ADDRESS:	TITE OF EREELIGE.	CITEGORY: 7 III 7
	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICEN	NSED PREMISES:	
	CK KEPT IN BASEMENT AND OR HORSESHOE TOURNAMEN	THREE ROOMS ON FIRST FLOOR.
I hereby certify and swear	under penalties of perjury that:	
1. the renewed lice	ense will be of the same type for the	ne same premises now licensed;
2. the licensee has	complied with all laws of the Cor	nmonwealth relating to taxes; and
3. the premises are	e now open for business (If not ex	plain below)
SIGNED BY Indi	vidual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the	he building inspector and the he	the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(12 shoupped rod explain)		
DATE:		
		MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019	0000005		CITY (OR TOWN	CHARLTO)N
APPLICATION FOR RE	NEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: PL	ANPOW REALTY	CORP.				
DOING BUSINESS A H	ERITAGE COUNT	RY CLUB				
ADDRESS 85 SAMPSON	N ROAD					
CITY/TOWN: CHARLT	ON	STATE: M	A ZII	P CODE:	01507	
MANAGER: TERLIZZ SANDRA		OF LICENSE:	Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSIT	E AND ENTER YOU	R EMAIL ADDR	RESS		
DESCRIPTION OF LICE	NSED PREMISES:					
CLUBHOUSE CONTAIN LADIES LOCKER ROOM INCLUDES 18 GOLF HO	MTHERE ARE S	IX ENTRANG				
I hereby certify and swear	under penalties of p	perjury that:				
1. the renewed lic	cense will be of the	same type for	the same pr	remises nov	w licensed;	
	s complied with all			•	to taxes; and	
3. the premises an	re now open for busing	iness (If not ex	xplain belo	w)		
SIGNED BY	lividual, Partner or A	Authorized Co	rporate Of	ficer		
			101440 01			
DATE:	TELEPHONE N	IIMRFR:	•	EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
	TEELI HOIVE IV	OWIDER.	(1	Note: NOT In	ndividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspec	tor and the h	ead of the	fire depar	tment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 019000010		CITY OR TOW	VN CHARLIC	JIN	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME	: KEG, INC					
DOING BUSINESS	S A QUARTER K	EG PUB				
ADDRESS RTE. 20)					
CITY/TOWN: CH	ARLTON	STATE: MA	ZIP CODE	: 01507		
	CABE, TOMAS P.	ΓΥΡΕ OF LICENSE: Gr pr	eneral on emise	CATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREM	MISES:				
		,5 ROOMS ON GROU E OF ONE STORY EX		E EXITS. 16'X3	32'	
I hereby certify and	swear under penalt	ties of perjury that:				
1. the renev	wed license will be	of the same type for th	e same premises r	ow licensed;		
2. the licens	see has complied w	vith all laws of the Com	monwealth relatir	ng to taxes; and		
3. the prem	ises are now open	for business (If not exp	lain below)			
SIGNED BY						
SIGNED B I	Individual, Part	ner or Authorized Corp	orate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:	
	TEELTIN	SIVE IVOIVIDER.	(Note: NOT	Individual Social S	Security Number)	
Acts of 2004, signe	ed by the building	are in possession (1) the inspector and the head of liquor liability ins	d of the fire dep	artment for the	above	
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)		-			
D 4 555						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 019000019		CITY OR TOWN	CHARLTO	N
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	OSTEN ASSOCIAT	ES,LLC			
DOING BUSINESS	A C & S LIQUOR M	ART AND DELI			
ADDRESS 280 SO	UTHBRIDGE ROAD				
CITY/TOWN: CH	ARLTON	STATE: MA	ZIP CODE:	01507	
MANAGER: BHA	ATTARAI,SHA TYPI A	E OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
	ILDING WITH 10' X 2 CONDARY ENTRANC				
	see has complied with a ises are now open for b Individual, Partner o	ousiness (If not expl	ain below)		
	11101 / 100011, 1 0101101				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 019000020		CITY OR TOWN CHARLI	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: TOMSKI TRADI NESS A WORCESTER ROAD	NG CORP		
CITY/TOWN:	CHARLTON	STATE: MA	ZIP CODE: 01508	
MANAGER:	MROCZKOWSKI, TY THADDEUS K.	PE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
2. the	licensee has complied wit premises are now open fo	h all laws of the Com		1
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000)029	CITY OR TOWN	CHARLTON
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AJAY	KUMAR NALAMADA		
DOING BUSINESS A OXB	OW VARIETY		
ADDRESS 3 OXBOW ROA	D		
CITY/TOWN: CHARLTON	STATE: M	A ZIP CODE:	01507
MANAGER:	TYPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
STORAGE.THE ALTERED	N THE FRONT AND SIDE. 7 BUILLING DIMENSIONS 62 DNE DOOR ON THE RIGHT	2'X 40'WITH ANE DO	OOR IN FRONT FOR
I hereby certify and swear und	der penalties of perjury that:		
1. the renewed licens	e will be of the same type for	the same premises now	licensed;
2. the licensee has co	omplied with all laws of the Co	ommonwealth relating t	o taxes; and
3. the premises are no	ow open for business (If not ex	xplain below)	
SIGNED BY	lual, Partner or Authorized Co	rporate Officer	
martic	idui, further of framonized Co	iporate officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
,	LEEL HOIVE IVOIVIBEIX.	(Note: NOT Inc	lividual Social Security Number)
Please Check Below:			
APPROVED:			SING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
D.A.TEL			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 019000032		CITY OR TOWN	CHARLTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: SUPER FOOD MA	ART INC.		
DOING BUSINES	S A CHARLTON FOO	OD MART		
ADDRESS MASO	NIC HOME ROAD			
CITY/TOWN: CI	HARLTON	STATE: MA	ZIP CODE:	01507
	TEL, TYP IKHABHAI M.	PE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	SES:		
	nsee has complied with nises are now open for Individual, Partner		lain below)	taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below:	٦		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	blain)			
	,			
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED BY LI	CENSEES DURING THE N	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019000033	CITY OR TOWN CHARLTON
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: KANNAGI INC.	
DOING BUSINESS A CHARLTON COUNTRY STOR	RE
ADDRESS 231 STAFFORD ST	
CITY/TOWN: CHARLTON STATE:	MA ZIP CODE: 01507
MANAGER: SWADIA, LOVE K. TYPE OF LICENS	SE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
1510 SQ FT OF SELLING SPACE AND STORAGE W	TITH TWO EXIT AND ONE ENTRANCE
I hereby certify and swear under penalties of perjury that	
1. the renewed license will be of the same type	_
2. the licensee has complied with all laws of the3. the premises are now open for business (If no	-
3. the premises are now open for business (if no	t explain below)
SIGNED BY	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	·
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING	G THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 019000035		CITY OR TOWN	CHARLTO	N
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TRIPLE T TRADIN	NG CORPORATIO	N		
DOING BUSINESS	A TED'S CITGO				
ADDRESS 28 WOI	RCESTER ROAD				
CITY/TOWN: CH	ARLTON	STATE: MA	ZIP CODE:	01508	
	OCZKOWSKI, TYP AN G.	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WELLICENSED PREMIS		MAIL ADDRESS		
 the renev the licens 	swear under penalties of the ved license will be of the see has complied with a lises are now open for the see has a lises are now open for the see has a lises are now open for the see has a lises are now open for the see has a lises are now open for the see has a lise of the see has a	he same type for the all laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 019000037		CITY OR TOWN CHARL	TON
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: OVERLOOK CA	TERING,INC		
DOING BUSINES	SS A			
ADDRESS 88 MA	ASONIC HOME ROA	D		
CITY/TOWN: C	HARLTON	STATE: MA	ZIP CODE: 01507	
	ORALES, TY ANITZA	PE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	F LICENSED PREMI			
	TEL ON MASONIC Has and two outside porch		person capacity: dloor plan att	ached with
I hereby certify an	d swear under penaltie	s of perjury that:		
1. the rene	ewed license will be of	f the same type for the	same premises now licensed;	
2. the lice	ensee has complied with	h all laws of the Comr	monwealth relating to taxes; an	ıd
3. the pres	mises are now open for	r business (If not expl	ain below)	
SIGNED BY			0.00	
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Cha d of the fire department for t rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:]		By:	
DISAPPROVED:	-1-1-1			
(If disapproved ex	piain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 019000038		CITY OR TO	OWN CHARLIC)N
APPLICATION	FOR RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAI	ME: ZORBAS PI	ZZERIA TAVERN, LLC			
DOING BUSIN	ESS A				
ADDRESS 132	STURBRIDGE RE)			
CITY/TOWN:	CHARLTON	STATE: MA	ZIP COD	DE: 01508	
	DIMOPOULOS, CHRISTOS	TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PI	REMISES:			
	WET BAR, EXPA	N COOLER, 3 NEW FIRE ANSION OF KITCHEN, N			
I hereby certify a	and swear under per	nalties of perjury that:			
1. the re	enewed license will	be of the same type for the	same premise	s now licensed;	
2. the li	censee has complie	d with all laws of the Com	monwealth rela	ating to taxes; and	
3. the pr	remises are now op	en for business (If not expl	ain below)		
SIGNED BY	Individual P	Partner or Authorized Corp	orate Officer		
	marviduai, i	arther of Authorized Corp	orate Officer		
DATE:	TEI EI	PHONE NUMBER:	EMP	LOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	ILLEI	HONE NOWIDER.		OT Individual Social S	
Acts of 2004, si	gned by the buildi	we are in possession (1) thing inspector and the heate ate of liquor liability insu	d of the fire d	epartment for the	above
Please Check Below	<u>/:</u>		LOCAL LI	CENSING AUTH	ORITY
APPROVED: [By:		
DISAPPROVEI					
(If disapproved of	explain)				
			-		
DATE:			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 019000039		CITY OR TOWN	CHARLTC	DN
APPLICATION FOI	R RENEWAL:	Annual LICENSED FOR			013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 85 STU	RBRIDGE ROAD				
CITY/TOWN: CHA	ARLTON	STATE: MA	ZIP CODE:	01507	
MANAGER: TON	IG, PATRICIA TYI	PE OF LICENSE: Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
400 S/F DELI TAKI ENTRANCE/EXIT I ROOM W/ SEPARA	IN FRONT OF BLD				.GE
2. the licens	red license will be of ee has complied with ses are now open for	all laws of the Com	nmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 019000040		CITY OR TOWN CHARLTON						
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013						
		CLASS			YEAR				
LICENSEE NAME:	SHREE SOMN	NATH INC.							
DOING BUSINESS	A COUNTRY I	FARMS							
ADDRESS NORTH	MAIN STREET	•							
CITY/TOWN: CHA	ARLTON	STATE:	MA ZIP CODE:	01507					
MANAGER: PAT A.	EL, NISARGI	TYPE OF LICENSI	E:Package Store	CATEGORY:	Wine and Malt Regular				
EMAIL ADDRESS:									
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS									
COOLER AND A U ENTRANCE/EXIT	CAPPED ACCE TILITY ROOM. NEAR UTILITY	SSIBLE REST ROC .MAIN ENTRANCI ROOM	OMSTORAGE ROOM E/EXIT IN FRONT O						
	ed license will be	e of the same type fo	r the same premises no Commonwealth relating						
3. the premi	ses are now open	for business (If not	explain below)						
SIGNED BY DATE:		tner or Authorized C		ER IDENTIFICA	TION NUMBER:				
	- 222		(Note: NOT	Individual Social	Security Number)				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:						
DATE:									